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## NEPHRECTOMY.\*

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NEPHROTOMY obtained some mention by the older writers, although very few authenticated cases are on record. Troja defines nephrotomy as an operation in which a deep incision is made in the lumbar region, extending into the kidney or renal pelvis in order to remove a calculus situated in these parts. In modern times this operation has been frequently condemned by surgeons, and Malgaigne insisted that it should never be allowed to pass out of the anatomical amphitheatre into surgical practice.

The *extirpation* of the kidney for nephrolithiasis was never seriously thought of before Simon recommended it in 1871. Troja mentioned it as an extraordinary and ridiculous sort of nephrotomy.†

Extirpation of the kidney has received the name of nephrectomy, and, although the operation has been fully described by Simon and others, the standard works on surgery contain little or nothing on the subject.

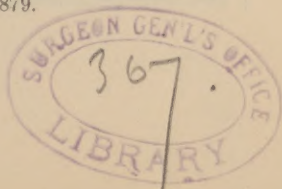
Marion Sims wrote from Berlin to New York in June, 1879, as follows: "You remember how we were all electrified, about ten years ago, with the news that the daring, dashing Simon had successfully extirpated the kidney."‡ Dr. Sims then proceeds to narrate an operation for the removal of a kidney by abdominal section, in which he assisted Dr. Martin, of Berlin. The patient died of peritonitis on the third day. So scarcely more than ten years ago this operation was unknown.

In a historical note by M. Mardual, of Lyons, we find that "since 1869 the operation for extirpation of the kidney has been performed three times in man. The first was performed by Simon, of Heidelberg, on a woman aged 26 years, who had pre-

\* Read before the Homœopathic Medical Society of Pennsylvania, September, 1880.

† Zeimssen's Cyclopædia, vol. xv, p. 739.

‡ New York Medical Record, June 21st, 1879.





viously undergone ovariectomy, and had consecutive uretero-abdominal fistula, from which the urine from the left kidney escaped. The kidney was extirpated. Six weeks after the operation the patient was able to sit up in bed, and has since done well, making a complete recovery.

"The second was that of a woman 33 years of age, having a displaced, painful kidney, which was extirpated by Dr. Gilmore, of Mobile, Ala.\*

"The third case, by Burns, was that of a soldier, wounded by a bullet in the left kidney, which established a reno-lumbar fistula, followed by renal suppuration and purulent infection. As a last hope the kidney was extirpated, but the man died soon after."†

Professor Czerny, of Heidelberg, reports two cases of extirpation (London *Lancet*, February 21st, 1880). One by abdominal section, which died, and one by lumbar incision, which recovered. He concludes "that both methods of extirpation are justifiable, but that, *ceteris paribus*, the extra-peritoneal operation is the less severe one. It, *i. e.*, lumbar nephrectomy, should be adopted when the organ is not too much enlarged and is fixed. If it be movable, laparotomy may be preferred." In his second case the vertical incision was made along the anterior border of the quadratus lumborum, and resection of the rib was had recourse to, in order to enlarge the wound sufficiently to permit the passage of the hand. He points out that all risk from resection is obviated by its being made on the sub-periosteal plan.‡

Mr. A. Barker, in a paper read before the Royal Medical and Chirurgical Society (*Lancet*, March 13th, 1880), includes the above mentioned in a list of twenty-eight cases, which he has collected from home and foreign sources. He found that "out of twenty-eight attempted nephrectomies, six were done on a wrong diagnosis, and in two, for neoplasms, the operation was left incomplete, owing to difficulties experienced in the isolation of the organ. Of the remaining twenty undertaken

\* This was a case in which the kidney had been forced up between the muscles of the back (hernia) by the gravid uterus, and was easily reached by an incision down the outer border of the erector spinal muscle. The kidney caught in this position and, constantly compressed by the erector spinal and quadratus muscles, became atrophied, lost its glandular character, and degenerated into a fibrous mass. Only a small vessel fed it, which was ligated after removal. Recovery followed without trouble. (Transactions of the Medical Association of the State of Alabama, 1872.)

† Half-Yearly Compendium, January, 1874.

‡ The American Journal of Medical Sciences, April, 1880.

with the distinct object of removing the kidney, and completed, the objects were the following: Two for fistula of the ureter, both successful; two for acute pain in the kidney (cause unknown), one death, one recovery; two for calculus pyelitis, both fatal; three for injury of the organ, two complete recoveries, one fatal; six for acutely painful movable kidney, four complete recoveries, two deaths; four for neoplasms, three recoveries, one death; finally, one for pyonephrosis, perfectly successful. Of the whole twenty-eight there were fourteen deaths and fourteen recoveries, but, excluding the six for wrong diagnosis, there were still thirteen recoveries and nine deaths, two of the latter, however, were desperate and left uncompleted. The causes of death were: peritonitis, four (abdominal section in all); pyæmia, one; in one, cause not given, the patient died sixty-five hours after; in one the cause is stated to have been unexplained by the autopsy, the patient died within a week; two died of shock ten hours after the operation (both desperate cases). Of the thirteen recoveries nine were lumbar sections, four ventral; of the nine fatal cases five were lumbar, four ventral." Mr. Barker concludes: "The lumbar operation appears best suited for the removal of healthy or comparatively healthy kidneys; also when there has been much perinephritic inflammation, old or recent; also for pyo- and hydronephrosis, and perhaps for the smaller new growths of the organ, especially if fixed. The ventral incision appears, on the other hand, best suited for taking away movable kidneys, whether healthy or affected with neoplasms—especially if the latter be large; also for the ordinary cysts of the organ not fixed by inflammation."\* Several cases were described at this meeting by other members, most of which had been included in Mr. Barker's list.

Great stress was laid upon the adoption of the antiseptic method, especially when laparotomy was performed.

An interesting case is reported by Mr. Thomas Savage (*Lancet*, April 17th, 1880), and one by Drs. Day and Thornton (*Lancet*, June 5th, 1880), both by abdominal section and both successful.

The operation of nephrotomy is plainly indicated in nephrolithiasis, and an extremely interesting case of this kind is reported by Professor George A. Hall, of Chicago (*Medical Investigator*, May 15th, 1880); also in some cases of hydro-nephrosis and pyonephrosis.

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\* Reported in the Amer. Jour. Med. Sciences, July, 1880.



Nephrectomy is rapidly coming into favor, although but few cases have as yet been reported in this country. In the early stage of malignant neoplasms, and in non-malignant growths, in hydronephrosis and suppurative pyelitis, in renal and ureteral fistulae, and in some cases of movable kidney, the extirpation of the organ is a justifiable and even necessary operation. With regard to the merits of the lumbar or abdominal operation, I am unable to speak from my limited experience. The opinions of Simon and Czerny appear in the foregoing. The lumbar operation, where it can be successfully done, I would regard as the less formidable.

With this rather lengthy introduction the following case is appended, that one more may be added to the list of American nephrectomies. The history of this case is obtained from the mother of the patient, and is given somewhat in her own language.

Miss Dora T——, aged 20 years; American; rather short and stout; dark hair and eyes, with light complexion.

She has been ailing ever since she was eight years old. Her attacks would always begin with pain in the bowels and over her left kidney; in one of these "she spit up blood and corruption." She had an unusually severe attack beginning December 29th, 1875, her medical attendant saying it was gallstones. "Her screams were terrifying." This was followed by extreme constipation (probably the effect of opium) and the discharge of "black pieces of flesh" with the urine, so offensive as to be intolerable. The pain and distress continued with greater or less severity, notwithstanding the constant ministrations of physicians, until August, 1876, when an abscess pointed in the back and was opened on the 24th of that month, discharging "matter and water." On October 17th, 1876, "three doctors probed and opened her side to look for rotten bone, but found none;" the bone came away December 13th, 1876; "after this her back gathered and broke in two other places, and matter and water have been running ever since."

*Diagnosis.*—The above history plainly indicates the following: The case began with nephrolithiasis; the presence of the calculus doubtless produced pyelitis, and this inflammatory action resulted in the pyohydronephrosis, which found relief by the lumbar discharge.

The record says, "the bone came away December 13th, 1876." This bone, so called, is the calculus, which I here show, and which evidently filled the whole pelvis of the kidney. This calculus came away more than three years ago, and since that

time pus and urine have been discharged continuously through the lumbar fistula, rendering her condition scarcely tolerable to herself or her friends. The amount flowing from this fistula was at times enormous, keeping her clothes and bedding constantly saturated, the odor arising being almost unbearable.

For two years past she has been in care of Dr. W. J. Martin, who did much to alleviate her suffering and improve her general health. He recommended her admission to the hospital for whatever radical measures might be deemed necessary for her relief. She seemed perfectly willing to submit to an operation, regardless of consequences.

She was admitted to the hospital August 6th, 1880, in very fair condition, except that the pulse was accelerated and temperature a little elevated, owing probably to the presence of another abscess pointing in the left groin, keeping her left leg semiflexed, and she complained of soreness on pressure in the left iliac fossa. This region became gradually more painful until August 12th, when the abscess was opened, discharging about twelve ounces of very offensive pus, *mixed with urine*.

This, then, established another and much more lengthy sinus from the kidney. The discharge of pus gradually decreased during the following week, and the patient's condition improved steadily.

August 19th, 1880, after consultation with the hospital staff, and in the presence of the medical board and others, the operation for extirpation was begun.

The lumbar sinus opened externally just above the crest of the ilium, about five inches from the median line of the vertebral column, penetrating obliquely upward and inward to the kidney, just under the twelfth rib. The track of the sinus was laid open on the director, and then the incision extended from the twelfth rib to the crest of the ilium along the border of the quadratus lumborum. To show the difficulty with which the kidney was reached, I would remark that the lumbar wall at this point was about four inches thick, and the distance between the rib and ilium only about an inch and a half; the patient was "short coupled." The incision, superficially, was about six inches in length. In order to obtain more working space, the deep parts were divided laterally to the extent of an inch.

Passing the finger into the cavity, the kidney was found to be much hollowed out by the long-continued suppuration, and the walls correspondingly thin. The process of enucleation then began, the organ being carefully separated from its bed



by the finger. Grasping the mass with a lithotomy forceps, it was drawn through the wound, and with an aneurism-needle a ligature was passed around the pelvis of the organ as close as possible to the exit of the ureter. The vessels were included in this ligature. The removal of the kidney was then completed. Considerable blood was lost by venous oozing, but no large vessels were cut. Hot carbolized water was then thrown into the large cavity remaining, and the wound left gaping, so that complete drainage was secured. The wound was dressed with patent lint soaked in carbolized oil.

After the operation the patient seemed much prostrated; pulse rapid and weak. Toward evening she became restless, having dry mouth, great thirst, and occasional vomiting. *R. Arsen.*<sup>6</sup> every hour.

Second day. Nausea, thirst, and restlessness greatly relieved. Prescription continued.

The weather becoming extremely warm, the utmost care was necessary to prevent septic processes. The flow of serum from the wound was large, wetting the dressings and bedding in the course of a few hours. The wound was thoroughly irrigated with carbolized water twice a day, and all wet clothing and bedding removed and replaced with dry; the bedcovers were also frequently changed. By these unremitting attentions all disagreeable odors were prevented. Arsenicum was continued a number of days, no other remedy being necessary.

The patient's health rapidly improved; nausea, thirst, and restlessness soon subsiding. The urinous odor disappeared from the discharges entirely and at once. Fully double the amount of urine has been voided by the bladder ever since the extirpation. A record of the pulse and temperature is appended, from which it will be seen that the highest temperature was  $101\frac{1}{2}$  degrees. After the first week the temperature scarcely ever rose above 100 degrees. The wound has granulated rapidly, and is now, —twentieth day, —nearly filled up. Patient has gained flesh, and is able to be out of bed.



## RECORD OF PULSE AND TEMPERATURE.

DAY.	First.		Second.		Third.		Fourth.		Fifth.		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
Pulse.....	140	140	130	110	115	105	105	105	108		
Temp.....	101	101 $\frac{1}{5}$	101 $\frac{1}{5}$	99 $\frac{1}{2}$	101 $\frac{4}{5}$	99 $\frac{3}{8}$	100 $\frac{1}{5}$	101 $\frac{1}{5}$	100 $\frac{3}{5}$		

DAY.	Sixth.		Seventh.		Eighth.		Ninth.		Tenth.	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Pulse.....	115	108	103	100	100	97	96	96	97	96
Temp.....	100 $\frac{4}{5}$	100 $\frac{1}{5}$	100 $\frac{3}{5}$	100 $\frac{1}{5}$	100 $\frac{1}{5}$	99 $\frac{1}{2}$	99 $\frac{2}{5}$	99 $\frac{2}{5}$	99 $\frac{1}{3}$	99 $\frac{4}{5}$

DAY.	Eleventh.		Twelfth.		Thirteenth.		Fourteenth.		Fifteenth.		Sixteenth.	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Pulse.	97		97	99	96	96	95	97	96	98	99	98
Temp.	99 $\frac{4}{5}$		99 $\frac{4}{5}$	99 $\frac{1}{5}$	99 $\frac{1}{5}$	99 $\frac{2}{5}$	99 $\frac{1}{5}$	99	99 $\frac{1}{5}$	99 $\frac{1}{5}$	99	99

Up to this time the pulse and temperature have varied but little from the normal.







